## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Corrected

## **Facility Information**

**Facility Name: KIMBERLEY HOUSE (490112)** 

Address: 33 N JOLIET AVE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 09/16/1997

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095700 End Date: 10/04/2005 Type: ABBREVIATED Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10007197 Served 10/14/2005

Deficiencies Cited Subject Area Compliance

Verified

50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS

Survey ID: 0094105 End Date: 02/11/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007086 Served 04/02/2005

Compliance

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS06/03/2005Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 04/01/2005

SOD #10007086

Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT

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